

derstanding of the natural history of diseases, provided in part by such studies as now undertaken by Glassy and Blumenfeld, will eventually lead to improvement of our therapeutic as well as our prognostic armamentarium.

A Commission on Medical Economics

DURING A CENTURY of increasing evidence of man's terrifying destructive capabilities, the medical profession has steadfastly labored for the improvement of mankind.

In the understanding of disease processes, in the cure and amelioration of disease and in the search for hitherto unidentified disease, the progress of the past century surpasses all of the advances of preceding years.

While it would seem quite proper at a centennial celebration to list in great detail the glories of the past, what is to be gained thereby? The benefits of previous discoveries are already here. Better, at this time of celebration, that we take upon ourselves the responsibility of seeking out those areas wherein our predecessors, great as they were, did not fulfill their own aspirations.

Specifically we can concern ourselves with the financing and distribution of medical care. A mature and responsible medical society should recognize the existence of the gap between available medical knowledge and the delivering of it to those who need it. Unfortunately, the medical genius of the past has been so engrossed in the scientific aspect of disease that it had little time to concern itself with the mundane problems of distribution of medical care. The simple market transaction involved in getting medical care to the patient was somehow or other not a primary medical concern.

It is now abundantly clear that the public will tolerate nothing short of adequate medical care available to the entire body politic. The only problem at issue is whether this care is to be provided in conformity with our current economic structure or through a system of taxation. The medical profession can no longer struggle from expediency to expediency while others seek out and

identify deficiencies in the distribution of medical care. The clock is running out. Each year brings an additional program of tax-supported medicine. Neither of the major political parties can possibly turn the clock back. If there is to be a desirable solution to the problem of financing and distributing medical care, a great part of the solution must come from the medical profession itself. Either we assume the leadership in sponsoring and developing programs within the economic reach of every person or we forfeit to government.

Organized medicine alone is obviously in no position to solve the social and economic problems associated with the marketing of medical care. The multiplicity of disciplines providing care and the varied mechanisms in vogue for financing it make a unilateral approach inadequate. A durable solution can be expected only if all the providers, underwriters and recipients of service are represented and involved in the planning process. It is necessary that the medical profession, representatives of the insurance industry, hospital associations, allied disciplines, government, educational institutions and consumer groups join in a combined endeavor.

Today our future depends on strength of leadership. Financial means are available, medical knowledge is abundant. Only the techniques of the market transaction are lacking. Does it not seem prudent, therefore, to form a commission on the economics and distribution of medical care and to charge that commission with the responsibility of studying the problems entailed in bringing all the involved parties into comfortable partnership. It is expected that a joint effort, led by the medical profession would challenge all the participants: Government representatives, insurance executives, consumer representatives, physicians and allied health personnel — all would be placed in a position of responsibility for the outcome.

The popularity of federalized medicine is based almost exclusively on the economic problems associated with illness. It is extremely doubtful that, given reasonable alternatives, the public would trade private care for government care. It is quite obvious today that our generation faces the challenge of finding the alternatives. A commission on medical economics seems a most logical beginning.

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